CORE Claims Team- External Recoupment Requests

Purpose:

Recoupment Requests (total take-back of a paid claim) are submitted by the provider community and by IME Units. The IME Core Claims Team is responsible for processing all requests within 10 business days of receipt.

Identification of Roles:

Adjustment Examiner – Reviews and processes recoupments within 10 business days of receipt

Claims Research Examiner – Reviews and processes recoupments within 10 business days of receipt, identifies processing trends and reports them to the Operations Coordinator and the Operations Team Lead, serves as the back-up to the Operations Coordinator

Operations Coordinator – Assists Adjustment Examiners with questions, trains on new processes, communicates changes (as directed by the Operations Team Lead and Operations Manager)

Operations Team Lead and Operations Manager – Monitors workload and ensures that performance measures are met on a monthly basis.

Performance Standards:

One hundred percent (100%) of all clean Provider-initiated adjustment requests must be adjudicated within ten (10) business days of receipt.

Path of Business Procedure:

Step 1: Batch is opened in Medicaid Management Information System (MMIS)

Step 2: Request is received in OnBase

   a. External Requests are scanned and added to OnBase by the IME Core Mailroom

Step 3: Requests are reviewed

   a. Requests that do not meet the requirements to process are 'Returned to the Provider' (RTP) using a task within OnBase.

Step 4: Recoup the claim

   a. Open MMIS file 1 and enter the following information
      1. Input Medium

2. Batch Date
3. Microfilm Machine Number
4. Batch Number
5. Total Documents Number
6. Batch Type
7. Accounting Code

Step 5: The following information should be entered from the Adjustment Request into MMIS:

    a. Transaction Control Number (TCN)
    b. National Provider Identifier (NPI)
    c. State ID (SID)
    d. Credit Reason

Step 6: Add the recoup TCN to the recoupment request in OnBase

Forms/Reports:
Core 10 Day Completion Report

RFP References:
5.2.2.3.4.2.1, 5.2.2.3.4.2.4, 5.2.2.3.4.2.122

Interfaces:
Provider Services, Provider Cost Audit, Program Integrity, Revenue Collections, Medical Services

Attachments:
None